PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMIT 3975 Fair Ridge Dr. ADDRESS (number and street) Suite 400 North (Check if address is changed) **FAIRFAX** 22033 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jbuckalew@sirweb.org (Check if address X is changed) Optional Second E-Mail Address ∣ilee@sirweb.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.sirweb.org (Check if address is changed) DATE 25 2019 C00408435 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nielsen, Jeff, , , Type or Print Name of Treasurer Nielsen, Jeff, , , [Electronically Filed] 07 25 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC <b>Fo</b> i	<b>m 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	۲.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

Г		
FEC Form 1 (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N	Name	
SOCIETY OF IN	ITERVENTIONAL RADIOLOGY POLITICAL ACTI	ON COMMITTEE
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Society of Intervent	tional Radiology	
		<u> </u>
	3975 Fair Ridge Drive, Ste 400 N	
Mailing Address		
	Fairfax VA 22	2033
	Talliax VA	
	CITY STATE	ZIP CODE
Relationship: x Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records:	Identify by name, address (phone number optional) and position of the person	in possession of committee
books and records.		
Nielse Full Name	en, Jeff, , ,	1
	3975 Fair Ridge Drive, Ste 400 N	
Mailing Address		
	Fairfax , VA , 22	2033
Title or Position	CITY STATE	ZIP CODE
Director, Finance	703	<sub>   </sub> 691 <sub>   </sub> 1805 <sub> </sub>
	Telephone number	]-[
8. <b>Treasurer:</b> List the name	e and address (phone number optional) of the treasurer of the committee; and	the name and address of
any designated agent (e.	.g., assistant treasurer).	
Full Name Nielse of Treasurer	en, Jeff, , ,	
Mailing Address	3975 Fair Ridge Drive, Ste 400 N	
	Fairfax VA 22	2033
Title or Desition	CITY STATE	ZIP CODE
Title or Position Director, Finance	703 	_ 691 _ 1805

FEC <b>Forr</b>	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Lee, Ji Youn, , ,	<u></u>
Mailing Address	3975 Fair Ridge Dr.	
	Suite 400N	
	Fairfax VA	22033
T-1-1	CITY STATE	ZIP CODE
Title or Position Staff Accountar	t Telephone number	703 - 691 - 1805
	Depositories: List all banks or other depositories in which the committee depositores or maintains funds. Depository, etc.  Bank of America	es funds, holds accounts, rents
Mailing Address	PO Box 27025	
•		
	Richmond	23261
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	.g . a. a		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
	y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identii Nielsen, Full Name	y by name, address (phone number – optional)  Jeff, , ,	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identii Nielsen, Full Name	y by name, address (phone number – optional)  Jeff, , ,	t Fundraising Represent	Leadership PAC S
esignated Agent: Identiformula Nielsen, Full Name Mailing Address	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax		
esignated Agent: Identii Nielsen, Full Name	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY	VA STATE A	22033
esignated Agent: Identii  Nielsen, Full Name  Mailing Address  TITLE OR POSITION Director, Finance	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which	STATE A elephone Number	22033 ZIP CODE <b>A</b>
esignated Agent: Identification Nielsen, Full Name     Mailing Address  TITLE OR POSITION Director, Finance	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which	STATE A elephone Number	22033 ZIP CODE <b>A</b>
esignated Agent: Identification Nielsen, Full Name Mailing Address  TITLE OR POSITION Director, Finance anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which	STATE A elephone Number the committee deposit	22033 ZIP CODE <b>A</b>
esignated Agent: Identification Nielsen, Full Name   _   _   Mailing Address  TITLE OR POSITION Director, Finance	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	22033 ZIP CODE <b>A</b>
esignated Agent: Identification Nielsen, Full Name Hailing Address  TITLE OR POSITION Director, Finance  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	22033 ZIP CODE <b>A</b>
esignated Agent: Identification Nielsen, Full Name Hailing Address  TITLE OR POSITION Director, Finance  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  Jeff, , ,  3975 Fair Ridge Drive, Ste 400 N  Fairfax  CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	22033 ZIP CODE <b>A</b>

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_6\_ **of** 6\_\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	q Participant:					
(0)	1.			FEC ID	number	C	
	2.			   FEC ID	number	C	
	3.			—   FEC ID	number	C	
	4.			   FEC IC	number	C	Ħ
	4.						
6.	Name of Any Connected	Organization, Af	filiated Committee, Joint F	Fundraising Rep	resentative	e, or Leadership PAC Spons	sor
		ı					
	Mailing Address						
	Relationship:		CITY A		STATE ▲	ZIP CODE ▲	
	Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sp	onsor
8.	Designated Agent: Identify  Buckalew  Full Name			, 			
	Mailing Address	0075 E-1: D1:1					
		3975 Fair Rid	ge Dr 				
		Suite 400N	ge Dr				
			ge Dr	<u> </u>	VA	22033	
	TITLE OR POSITION	Suite 400N Fairfax	ge Dr		VA STATE A	22033 ZIP CODE ▲	
	TITLE OR POSITION Director Govt Affair	Suite 400N Fairfax			STATE A		05
9.	Banks or Other Depositor safety deposit boxes or ma	Suite 400N Fairfax	CITY A	Telephone N	STATE   umber	ZIP CODE ▲	
9.	Banks or Other Depositor safety deposit boxes or ma	Suite 400N Fairfax	CITY A	Telephone N	STATE   umber	ZIP CODE ▲  703 - 691 - 180	
9.	Banks or Other Depositor safety deposit boxes or ma	Suite 400N Fairfax	CITY A	Telephone N	STATE   umber	ZIP CODE ▲  703 - 691 - 180	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Suite 400N Fairfax	CITY A	Telephone N	STATE   umber	ZIP CODE ▲  703 - 691 - 180	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Suite 400N Fairfax	CITY A	Telephone N	STATE   umber	ZIP CODE ▲  703 - 691 - 180	